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ABSTRACT

Although whether or not to make continuing education mandatory is a controversial issue, most people recognize the need for professionals to continue learning throughout their careers. They disagree, however, as to the best ways to motivate professionals to learn how best to provide practice-oriented education. Increases in knowledge, technological advances, and rising public demand for accountability are increasing pressure for continuing professional education (CPE). Proponents of mandatory continuing education (MCE) make the following arguments: (1) CPE ideally should be voluntary, but this is an unrealistic goal; (2) MCE can result in more efficient, effective practice; (3) MCE can ensure equal access to a range of educational activities; and (4) MCE is a better alternative than periodic examination or review of practice. Opponents' objections cluster around four themes: (1) MCE violates adult learning principles; (2) evidence that MCE ensures competent performance or improves practice is lacking; (3) most MCE lacks quality control and relevance to practice needs; and (4) educational opportunities are not readily and equally available. Continuing education professionals should move beyond the mandatory debate and focus on providing practice-oriented continuing professional education. Educational activities should be designed for self-directed learners and contribute to participants' base of knowledge, skills, and abilities. Four factors define quality in CPE: participant readiness to learn, relevance to practice, appropriateness of presentation, and relevance to professionals' needs. (Contains 50 references.) (SK)

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A Status Report

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Donna S. Queeney
John K. English

U.S. DEPARTMENT OF EDUCATION
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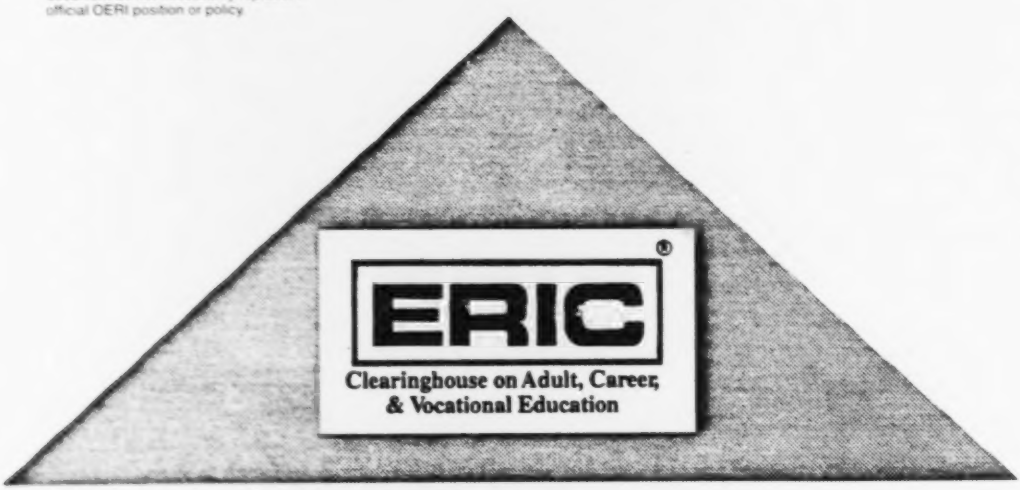

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A Status Report

Information Series No. 357

Donna S. Queeney
John K. English

The Pennsylvania State University

ERIC Clearinghouse on Adult, Career, and Vocational Education
Center on Education and Training for Employment
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Foreword

The Educational Resources Information Center Clearinghouse on Adult, Career, and Vocational Education (ERIC/ACVE) is 1 of 16 clearinghouses in a national information system that is funded by the Office of Educational Research and Improvement, U.S. Department of Education. This publication was developed to fulfill one of the functions of the clearinghouse—interpreting the literature in the ERIC database.

ERIC/ACVE would like to thank Donna S. Queeney and John English for their work in preparing this paper. Dr. Queeney is Director, Research and External Relations, Continuing and Distance Education, the Pennsylvania State University. She worked for more than a decade in Penn State's Planning Studies in Continuing Education as Assistant to the Director, Assistant Director, and Director. She is editor of the ***Journal of Continuing Higher Education***, board member of the ***Continuing Higher Education Review***, and founder and co-chair of the American Society for Training and Development's Continuing Professional Education Network. She has published widely on the topic of continuing professional education and is the author of ***Assessing Needs in Continuing Education: An Essential Tool for Quality Improvement***.

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Executive Summary

Mandatory continuing education (MCE) focuses on requirements professionals must meet to continue in practice and is thus associated with continuing professional education (CPE). Although it is a controversial issue, most people recognize the need for professionals to continue learning throughout their careers. The best ways to motivate professionals to learn and the challenges of providing practice-oriented education are the major sources of disagreement.

Some fields have a tradition of continuing education. However, increases in knowledge, technological advances, and rising public demand for accountability are increasing pressure for continuing education across professions. The number of states enacting legislation mandating continuing education in various professions rose throughout the 1970s and 1980s.

Proponents of MCE make the following arguments:

- Ideally, continuing professional education should be voluntary, but this is an unrealistic expectation.
- MCE can result in more efficient, effective practice and can weed out incompetent professionals.
- MCE can ensure equal access to a range of educational activities.
- It is a better alternative than periodic examination or review of practice.
- Mandating continuing education does not lessen its effectiveness.

Opponents' reasons cluster around four themes:

- MCE violates adult learning principles.
- Evidence that it ensures competent performance or improves practice is lacking.
- Most MCE lacks quality control and relevance to practice needs.
- Educational opportunities are not readily and equally available.

Among the problems inherent in CPE are a wide variety of providers, lack of agreement as to what constitutes competence, financial concerns, questions about the outcomes of CPE, the need to set standards, the necessity of determining professionals' educational needs, and the relationship of education to learning.

Continuing education professionals should move beyond the MCE debate and focus on providing practice-oriented continuing professional education, meeting the challenge of linking educational activities to professional practice while avoiding unrealistic expectations of MCE. Educational activities should be designed for self-directed learners and contribute to participants' base of knowledge, skills, and abilities. Four factors define quality in CPE: participant readiness to learn, relevance to practice, appropriateness of presentation, and relevance to professionals' needs.

The following steps for program development are recommended:

- Identification of the target audience
- Assessment of the educational needs of the audience
- Statement of program goals and objectives
- Identification of appropriate program content
- Selection of delivery modes
- Selection of instructional methods
- Program evaluation

Information on mandatory continuing education may be found in the ERIC database using the following identifier: *Mandatory Continuing Education, and the following descriptors: Accountability, Adult Education, Competence, Educational Role, *Lifelong Learning, *Outcomes of Education, *Professional Continuing Education, *Professional Occupations. Asterisks indicate terms that are particularly relevant.

Introduction

Mandatory continuing education is an emotionally charged issue and has been since at least the 1970s. Because it has focused on requirements professionals must meet if they are to continue in practice, mandatory continuing education has come to be associated with continuing professional education (Cunningham and Hawking 1980). Those favoring mandated continuing education have felt strongly that ongoing education is essential to the competence of professional practitioners and that those professionals will participate in educational activities only if required to do so. Opponents of mandatory continuing education, many of whom come from the field of adult education and others who come from the professions themselves, have argued equally vehemently that education does not ensure competence and learning cannot be legislated. After 2 decades of widespread dissension on the topic, "there remains a question whether continuing education should be mandated and whether it is, in fact, an effective corrective measure to incompetent practice" (Azzaretto 1990, p. 41). Although this disagreement is very real, however, most voices on both sides of the argument have accepted the fact that at least some mandated education is here to stay.

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The concern with mandatory continuing education has encompassed a wide range of fields from the traditional professions, such as law and medicine, to occupations such as real estate, private security, and athletic coaching. For the purposes of this monograph, the term *profession* is used broadly, referring to all fields of endeavor that are based in systematic disciplines defined by a specific body of knowledge acquired through specialized education or training. Whether or not a given field is defined as an occupation, a profession, or some other term is not the issue under discussion. Rather, the topic to be addressed is the role mandatory continuing education can play in enabling practitioners across all of these fields to be competent throughout their careers.

Recognition of the need for professionals to continue learning throughout their careers is almost universal. Most people on both sides of the mandatory continuing education issue agree that if continuing education cannot ensure professional competence, it at least has the *potential* to contribute to it, "to strengthen and revitalize the role of professionals in society" (Azzaretto 1990, p. 26). The best ways in which to motivate professionals to learn and the challenges of providing *practice-oriented* education that can affect professionals' daily practice are the major points of disagreement.

Perhaps one of the reasons for mandatory continuing education's tenacity in the face of substantial opposition has been the lack of a suitable alternative. Although government bodies and professional associations have made a number of efforts that have resulted in various forms of credentialling (most, if not all, of which rely at least in part on mandated education), no other means of ensuring or even encouraging professional competence has achieved recognition across the professions. Thus, "in spite of the fact that it is highly controversial, mandatory continuing education is being treated more and more frequently as a type of quality assurance mechanism" (Dowling 1985, p. 1).

There are those who suggest that mandatory continuing education serves as "a transitional strategy until a more perfect way can be found to insure performance" (Cunningham and Hawking 1980, p. 15). For both the credentialling bodies that promote compulsory education and the adult educators who denounce it, ostensibly the major needs to be met are staving off professional obsolescence and the complementary concern with maintaining and enhancing professional competence. Underlying these issues in the mandatory continuing education debate, however, is the more overriding philosophical question of professionals' responsibilities for their own learning. Can society reasonably expect that professionals will be accountable for engaging in the educational activities necessary for their continued competence, or must the burden of this accountability be borne by others?

Recognizing the Need for Continuing Professional Education

Preprofessional education or training was once considered good for a lifetime. Today it is at best preparation for entry into a career in which it is presumed that practitioners will continue to learn throughout their careers. At one time the body of knowledge for most professions was finite and manageable, and it was reasonable to expect that program graduates would be familiar with that information by the time they entered the work force. During recent decades, exponential increases in knowledge and the advent of technology have substantially altered this expectation across professions. No longer is it practical to expect that the knowledge needed for effective practice of most professions can be imparted to students as they prepare to enter a field. As a result, the role of preprofessional education is changing from one of knowledge dissemination to one of exposing students to the basic information and parameters of their chosen field and inculcating in them the skills to pursue additional education throughout their lives. Educators, employers, and professionals themselves are fast realizing that although some "learning comes with experience in the job . . . the experience must be buttressed by more formal continuing education and self study" (Fisher and Pankowski 1992, p. 228).

Some fields, such as accounting, dietetics, and medicine, ground those entering them in a tradition of continuing education. For students preparing for careers in these disciplines, the matter of their future education is not a question of whether or not they will continue to pursue it, but of the ways in which they will do so. They are given to understand that only through regular continuing education can they expect to be competent practitioners. The fact that credentialling programs may be tied into continuing education certainly is a factor in these professions, but the notion of continuing education as an integral part of their professional lives is a basic message that begins to be delivered with the first preprofessional education courses. Rockhill (1983) reflected this approach in suggesting that changing societal values favor lifelong education, alluding to a growing assumption that "there is something wrong with you if you don't continue to learn and grow over your life span" (p. 112).

Although it is true that "the need for lifelong learning increasingly is being reflected as an integral theme of preservice education" (Nona, Kenny, and Johnson 1988, p. 111), as yet it is far from being an institutionalized component of preprofessional preparation across disciplines. Many people completing their preprofessional preparation are unaware of the extent to which they will need to continue to learn throughout their careers, and they are unprepared to take responsibility for their own educational planning. In the workplace they often join more seasoned practitioners who received their preprofessional education some years ago when the expectation that they would continue their education was even less prevalent. Particularly within those fields in which continuing education has not been an emphasis, these groups come together to create an environment that may not be conducive to fostering expectations of ongoing education. Rather than emanating from the practice setting, motivation for continuing one's education, when it exists, may instead stem from a frank desire to become familiar with new knowledge and techniques; supervisor, peer, or self-recognition of obsolescence; feelings of inability to perform properly; or even fear of legal action for incompetence.

Continuing professional education is ***necessary but not sufficient*** for maintenance of practitioner competence.

Although few would argue that continuing education does not have the potential to enhance professional practice at all levels, linking the concept of continuing education, whether or not it is mandatory, with competent practice is "an assumption which can be questioned" (Cunningham and Hawking 1980, p. 17). The mandatory continuing education debate grew out of professionals' reluctance to be tested throughout their careers and challenges to the education/competence relationship. However, it has moved beyond that point to recognizing the need for continuing professional education whether or not it can be directly linked to competence. It may well be that continuing professional education, clearly needed to provide new information and enhance practice, is *necessary but not sufficient* for maintenance of practitioner competence. Meanwhile, the focus of the mandatory continuing education debate has shifted to the question of whether use of a carrot to motivate or a stick to force such education is the more appropriate tool.

The Professionals' Role

Pursuit of continuing education can result from two "divergent logistical approaches: through a voluntary choice made by the participant, or simply as a result of a mandatory participation requirement imposed upon the participant by the powers that be" (Aist 1987, p. 1). Whether continuing education participation is mandated or voluntary, professionals have options regarding the activities in which they choose to participate. In some cases they may be prepared to make these choices based on valid criteria, to be effective consumers of continuing education. Unfortunately, it is often the case that professionals lack the capabilities necessary first to recognize the need for, then to develop, an ongoing plan that will direct their lifelong education. If in fact they participate in any education, they may select discrete activities on the basis of such factors as location, reputation of speaker, cost, or convenience, with little or no regard for the way in which an activity might relate to their learning needs or to an overall educational plan tailored to meet those needs. In short, they are not equipped to assume responsibility for their own education (Brookfield 1986).

Yet "part of being a member of a profession entails a commitment to continuing education to ensure effective, up-to-date, efficient practice" (Maple 1987, p. 24). For professionals who pride themselves on their autonomy, this commitment carries with it an expectation that they be both desirous and capable of controlling their own education to ensure that it provides experiences that can enhance their daily practice. Ideally professionals are "equip[ped] . . . with skills and competencies required to continue their own 'self-education' beyond the end of formal schooling" (Candy 1991, p. 15), and actively and effectively manage their own lifelong education. They must recognize that it no longer is reasonable to strive to keep completely up to date, for the abundance of information pouring forth in any discipline renders such a goal unattainable. Rather, "knowing what they do not know" (Nowlen 1990a, p. 19) is a key factor in professionals' management of their continuing education. Identification of some yardsticks against which to measure their deficits, or some form of needs assessment, is critical for their pursuit of this goal.

In helping professionals assume responsibility for their own education, continuing educators face the dual challenges of providing opportunities for the education that is needed and support services (such as counseling) that will assist professionals in making wise decisions regarding use of those opportunities (Williams 1980). Educators concerned with the welfare and success of individual practitioners will recognize their rights to accept or reject any or all educational opportunities (Day 1980) and will encourage them to exercise those rights. They also will recognize that self-motivated professionals will pursue the education they need whether or not it is mandated, as found in Stross and Harlan's (1987) study of continuing medical education participation. Their data indicated that physicians' "total number of hours spent in educational activities is far in excess of that needed for relicensure" (p. 25), adding that appreciable changes in their preferences or time spent in continuing medical education activities were not found when mandated continuing education was enacted. Thus it appears that one answer to the mandatory continuing education conundrum may be not the mandatory or voluntary nature of continuing education, but the transformation of professionals into motivated seekers of education.

One answer to the mandatory continuing education conundrum may be the transformation of professionals into motivated seekers of education.

The Need for Professional Accountability

Public demands for practitioner accountability have spread across the professions, and they have increased in both breadth and depth of expectations. The competence the public has come to expect from its professionals includes the absence of inappropriate or improperly executed procedures as well as the avoidance of obsolescence (Williams 1980). In many cases state legislatures have taken the lead in addressing those expectations, sometimes with the result that government regulatory agencies have been seen as promoting accountability while "the public perception of professional responsibility, accountability, and service has been called into question" (Azzaretto 1990, p. 25). In other cases, professional associations, concerned that if they do not take action the government will, have exerted the initiative required to respond to public pressures.

In an attempt to stem the tide of criticism and build the public's confidence in the professions and their practitioners, some of these groups have instituted various forms of credentialling, ranging from licensure that is required for practice to voluntary forms of certification. Unfortunately, once professionals have earned their initial credentials in some of these fields, they are deemed forever competent. In other fields, they have been able to retain licensure or certification simply by completing the required form and paying the appropriate fee periodically. Procedures such as these have been perceived, and probably accurately so, as paying lip service to the notion of addressing public concerns without actually taking actions to maintain and enhance competence. Critics of the explosion of credentials developed in this manner have decried the movement toward what they have referred to as "certificamania" (Hodapp 1988, p. 372).

However, increased consumer awareness and pressure for accountability have been bringing with them a growing realization that competence must be addressed and a corresponding growth in requirements for some demonstration of competence as a condition of continued licensure or certification. In studying physicians, Stross and Harlan (1987) pointed out that the "development of competency-based relicensure was vigorously discussed, but not implemented ten years ago. The problems that prevented its implementation then are, unfortunately, still present today. The inability to define competence, to develop and initiate an appropriate monitoring system and to obtain financial support remain unsolved issues" (p. 26).

In the absence of such a system, many states have enacted legislation intended to protect the public from incompetent practitioners in a number of professions (Phillips 1993b; Smith 1981). Similarly, a number of professional associations have instituted certification programs to recognize those practitioners who have met the standards used to define certain levels of competence. Several options are available to the governmental bodies and professional groups pursuing these initiatives, including periodic examination, supervisor or peer review, and review of records or other products of practice (such as prescriptions written by physicians or decisions handed down by judges). Yet legislative

bodies and professional associations striving to provide increased accountability most frequently turn to mandatory continuing education as the strategy of choice (Hodapp 1988; Smith 1981), considering it the best alternative available to enable them to meet their responsibility of ensuring provision of competent services to society (Morrison 1992). For a number of professions the position taken has been similar to that attributed to the health care professions by Fisher and Pankowski (1992): "Public confidence in the quality of health care will be enhanced by implementing a mandate that continuing education be required for renewal of license or certificate to practice" (p. 227).

Continuing educators have the potential to play a major secondary role in addressing demands for accountability by providing a range of practice-oriented educational activities that can enhance professionals' knowledge, skills, and abilities. On a more primary level, as providers of educational activities that are a key component of many government and professional association credentialling processes, continuing educators are in a position to affect not only the quality and relevance of continuing education offerings, but also the credentialling systems themselves.

Definition and History of Mandatory Continuing Education

Concern with the competence of professionals was the precipitating factor in the mandatory continuing education movement. In the 1950s, society began to question the competence and authority of professionals, and the context of professional practice began to change (Nowlen 1990a). By the late 1960s and early 1970s, these changes had manifested themselves in a growing movement toward consumer advocacy and the corresponding realization that ensuring competence is a complex challenge. Particularly because practitioners across professions balked at the concept of examinations throughout their careers, mandated continuing education was seen by most legislatures and professional groups as a more acceptable tool than periodic testing for addressing the competence issue (Rockhill 1983). Licensing procedures that incorporated mandatory continuing education were initiated to protect the public from incompetent practitioners (ibid.). In addition to licensing requirements, the development of numerous areas of specialization within professions resulted in a proliferation of credentialling procedures that drove professionals toward mandated education (ibid.). Mandatory continuing education came to be recognized as education required for a professional practitioner (1) to maintain the right to practice, (2) to use a professional title (for example, "landscape architect"), or (3) to earn and maintain specialty certification or a specific designation within a professional field. The purpose toward which the continuing education was to be applied determined what body was requiring it. Continuing education mandated for the first purpose generally has been implemented and enforced through state licensure, whereas continuing education instituted for the second and third purposes has been handled by professional or employment groups.

Viewed from this perspective, continuing education often was seen as a means of keeping the knowledge, skills, and abilities of midcareer professionals at levels comparable to those of recent professional school graduates. Preventing a discrepancy between mature practitioners and those entering the field "called for continuing education simply to extend the updated curriculum of the professional school to professionals in practice" (Nowlen 1990a, p. 15). In reality, keeping practitioners current addresses only one aspect of educational need. Other functions of continuing education include maintenance of competent performance and elevation of knowledge, skill, and ability levels beyond those required for entry into a profession.

Not only did continuing education appear to be a logical means of fulfilling these functions, but it also fit nicely with the practical realization that continuing education participation is easily quantified for both regulatory and recording purposes, and it generally is considered less distasteful than the alternatives. Mandatory continuing education became heralded by many as "the most acceptable means of monitoring professional competence" (Smith 1981, p. 4), even though the extent to which it actually *monitored* competence was not clear.

In the late 1960s and the 1970s a number of states—including Oregon, New Mexico, California, and Iowa—enacted legislation requiring continuing education participation for practitioners of several professions, primarily as a deterrent to professional obsolescence (Cunningham and Hawking 1980). In addition to this legislated mandatory continuing education, other requirements were prescribed by organizations or tacitly understood to be necessary for employment (Williams 1980). Legislators concerned with consumer protection, professions striving to maintain and enhance the reputations of their practitioners and their field, and employers seeking to have a competent work force all welcomed mandatory continuing education as the solution to these problems, or at least as a sign that they were addressing the problems.

Although the mandatory continuing education movement began slowly, it expanded to additional states and to other professions as interest grew through the 1970s and early 1980s. By the end of the 1970s, it was reported that actual or enabling legislation

for mandatory continuing education (MCE) existed for at least 1 of 16 major professions (including accounting, architecture, medicine, nursing, optometry, and veterinary medicine) in each of the 50 states (Watkins 1979). With the exception of pharmacy there has been little growth in the number of states implementing MCE in the health professions since 1980.

During the mid-1980s activity shifted as several nonhealth professions, including accounting, law, real estate, and social work, saw significant increases in the number of states requiring MCE (Phillips 1987). In the early 1990s, Phillips, who follows mandatory continuing education requirements for select professions in the United States, observed considerable activity in new legislation linking continuing education to relicensure and recertification requirements (Phillips 1993a). His 1994 listing of mandatory continuing education for selected professions can be found in Appendix A.

This surge in mandatory continuing education was seen by some as introducing a direct conflict with the fundamental principles of adult education, widely understood by those in the field to be based in a voluntary tradition (Rockhill 1983). While acknowledging that participation based on a voluntary motive is undoubtedly preferable, proponents of mandatory continuing education asserted that it was preferable to any alternatives that had been put forth. Lively, and sometimes acrimonious, debates between consumer advocates, the affected professions, and adult educators ensued, reaching a peak in the late 1970s and early 1980s and waxing and waning over an extensive time period. On the one hand were those arguing that because "most professionals, whether they are overworked or simply lazy, do not engage in even a minimal level of continuing education professional development activities . . . it makes sense to mandate these activities" (Brockett 1992, p. 90). Others contended that it was unfair to punish what they perceived as a majority of professional practitioners who tended to their own professional development by compelling them to meet educational requirements. In some cases, practitioners themselves initially were quite negative about educational requirements but developed more positive attitudes after living with the regulation and participating in continuing education programs (Cunningham and Hawking 1980).

Within several professions, studies were undertaken and proclamations issued on both sides of the subject. For example, as early as 1967 the National Advisory Committee on Health Manpower issued a statement urging regulatory agencies and professional associations to institute procedures to ensure practitioner competency, hinting at but falling short of recommending mandatory continuing education (DeHaven 1990). The two major national professional associations representing the nursing profession disagreed on the appropriateness of requiring continuing education. The American Nurses Association expressed confidence in nurses' ability to exercise responsibility for identifying and addressing their learning needs, whereas the National League of Nursing favored mandatory continuing education as a component of licensure renewal (DeHaven 1990). One study (Dowling 1985) cited the dearth of literature comparing the effect on professional practice of voluntary and mandatory continuing education and went on to document that, although the practitioners studied had increased their continuing education participation when subjected to mandatory legislation, most of them "had a propensity towards lifelong learning and a personal need to collaborate with colleagues for professional development" (p. 8). Phillips (1987), having tracked the mandatory continuing education movement for some time, underscored the inconclusiveness of the arguments on both sides in noting that a number of studies documented positive impacts of required education and a number of others had been unable to demonstrate any effects. Nonetheless, the debate continued.

Arguments in Favor of Mandatory Continuing Education

Those espousing the implementation of mandatory continuing education have advanced a variety of arguments supporting their position. Maple (1987) suggested that underlying their support are three basic tenets. First, proponents believe that all professional practitioners should participate regularly in continuing education activities to update their knowledge, skills, and abilities in order to remain competent, a contention also supported by most opponents of mandatory continuing education. Second, they feel that ideally such education would be pursued voluntarily, but believe that reality dictates that such an expectation is unrealistic. As attractive as voluntary continuing

education may be, to count on volunteerism to generate participation is both idealistic and naive, involving a number of ill-founded assumptions, they say (Aist 1987). Third, they contend that, to ensure participation of all professionals, continuing education should be mandated as a condition of continued practice. To the contention that mandated continuing education makes no difference in professionals' practice, they counter, "This serious and frequent accusation [is] thoroughly false," and go on to suggest that the naysayers "should desist from the guilt-inducing and wasteful quest for the Holy Grail of proof that [continuing education] makes a difference" (Caplan 1983, p. 42).

According to its advocates, mandatory continuing education's ability to promote improved practice is not at issue, particularly when it is developed and delivered through the cooperative efforts of higher education, regulatory agencies, employers, professional associations, and other interested parties. They allege that there no longer is a dearth of research providing evidence that continuing professional education is useful (ibid.). Well-designed programming guided by strong standards has demonstrated the potential to deliver a number of benefits (Phillips 1987; Thurston 1992) and to serve as a means of avoiding the obsolescence that results when professionals fail to keep abreast of new knowledge (Parris 1980). Required continuing education also weeds out those professionals who, for whatever reasons, find that their incidence of practice is not sufficient to merit the expenditure of resources needed to complete continuing education requirements (Phillips 1987). Often these are people whose careers have moved them out of the mainstream of practice, reducing their familiarity with day-to-day practice and with it their effectiveness as practitioners.

Some arguments in support of mandatory continuing education are in reality justifications for continuing professional education.

Necessity of Mandating Education

Upon examination, some arguments in support of mandatory continuing education are in reality justifications for continuing professional education. They carry the added assumption that if it is necessary for competent practice it must be mandated. The rationale is that personal motivation is not to be relied on, that individual professionals cannot be expected to exercise the

responsibility necessary to ensure their participation in continuing education activities. This argument states that practitioners need continuing education and should partake of it because they will forget a portion of their preprofessional education and because the knowledge explosion is constantly creating additional information and technical advances. They observe that the creation of various committees and task forces on voluntary learning has underscored the precariousness of voluntary participation as a principle of adult education (Rockhill 1983). Carrying this logic one step further, proponents contend that continuing education should be mandated because it can result in more efficient, effective practice, thus reducing consumer costs (Fisher and Pankowski 1992).

Others cite as false the assumption that professional practitioners are inherently eager to partake of the continuing education activities available to enhance their competence and contribute to their professional growth. They allege that without the encouragement afforded by mandates, particularly those who most need additional education may be the least likely to pursue it (Azzaretto 1990). However, they also suggest that once afforded the opportunity (or required) to participate in either formal or informal continuing education activities, professionals may develop more positive attitudes toward it. Reinforcement of their current practices, combined with the acquisition of additional knowledge, skills, and abilities, can be a powerful motivator. Those who previously were considered to be professional laggards may develop new or renewed enthusiasm for expanding their horizons through educational interventions (Phillips 1987; Smith 1981).

Equal Access to a Range of Educational Activities

Mandated continuing education has the potential to provide the impetus for individual professionals to engage in education to address needs that they might otherwise ignore. Those arguing in its favor claim that it can also ensure that all professionals, not just those administrators and senior practitioners who control the purse strings or run the business, will have access to education. All too often, support for participation in educational activities is granted only to those in leadership positions within

an organization or practice. Mandated education dictates equal access and may be necessary for professionals to justify requesting employer support or even expending their own resources (Brockett 1992; Fisher and Pankowski 1992). Mandatory continuing education is also seen by some as inspiring employers and other providers to create expanded educational opportunities, offering individual practitioners a greater selection from which to choose (Jahns, Urbano, and Urbano 1986).

Best Alternative

Those favoring mandatory continuing education see it as the least offensive option to be employed in the quest for competence, the least of all evils when compared to periodic examination or review of practice, for example. They observe that mandatory continuing education, although establishing general criteria, allows professionals considerable flexibility and freedom in choosing the activities with which they will meet requirements (LeGrand 1992). Citing the limited research that has been done on the topic, they report, "Most surveys of licensees in states with mandatory CE show an approval rate of the concept by at least two-thirds" (Phillips 1987, p. 59). They claim that most practitioners consider mandatory continuing education to be a good strategy for ensuring professional competence, although at least one study (Cunningham and Hawking 1980) indicates that this attitude is held more strongly by nurses than by physicians, lawyers, or accountants.

No Lessened Effectiveness

A variety of other studies support the contention that mandating continuing education does not lessen its effectiveness. An examination of faculty members' attitudes toward their own continuing education found that "no difference existed between the progress of an instructor whose participation was requested and that of an instructor whose participation was mandatory" (Aist 1987, p. 4). The report of this study went on to state that faculty members' positive attitudes toward continuing education, necessary for learning to take place, did not appear to be affected by the requirement that they participate. In summary,

"this study demonstrated that a mandatory requirement can be imposed upon a professional development program with no corresponding effects either on faculty attitude toward the program or on faculty progress within the program" (Aist 1987, p. 10). A survey following introduction of mandatory continuing education for pharmacists in the Province of Alberta indicated that most of them actually participated in more continuing education than was required (Friesen, Zinyk, and Mah 1985). Pharmacists studied in another project "felt that states should require continuing education for relicensure, that pharmacists should pay for their educational programs, that colleges of pharmacy should be the providers of programs, and that participation in continuing education programs did indeed improve professional competence" (Hodapp 1988, p. 373). Dental hygienists who voluntarily participated in a continuing education program were found to perform comparably to those who were compelled to participate (Dowling 1985). Yet other studies ("Does Continuing Professional Education Enhance Competency Assurance?" 1994; Grotelueschen et al. 1990) indicated that New York accountants subjected to imposition of mandatory continuing education demonstrated a correlation between participation and knowledge gain.

Arguments against Mandatory Continuing Education

Opponents of mandatory continuing education advance numerous reasons to support their position. These reasons cluster around four themes:

- By removing control from the individual, mandated education violates adult learning theory and principles.
- No evidence exists to indicate that participation in continuing education ensures effective or competent performance, or improves professional practice.
- Quality control and relationship of program content to practitioner needs are lacking in most mandatory continuing education.
- Educational opportunities are not readily and equally available to all who may be required to participate in them.

Adult Learning Principles

A large number of arguments center around the perception that, by forcing adults to participate in educational activities, mandatory continuing education runs counter to the basic tenets and informal nature of adult education. Those espousing this belief contend that individuals who have been educated and entrusted to practice as professionals have moved beyond the need for compulsory education. They suggest that to subject such people to mandatory continuing education is "unfair, ineffectual, and may even be detrimental to [their] desire to learn" (LeGrand 1992, p. 95), and is "incongruent with the nature of both a professional and an adult" (Morrison 1992, p. 147). Feelings run strong on this particular issue, with words like "abhorrence" (Gueulette 1981, p. 37) and "mean-spirited" (LeGrand 1992, p. 95) being used to emphasize the incongruency of adult learning principles and mandatory continuing education.

Forcing adults to participate in educational activities runs counter to the basic tenets and informal nature of adult education.

In addition to citing the principle inherent in this conflict, mandatory continuing education detractors offer specific ways in which required education can be expected to fall short of providing a satisfactory learning experience. They suggest that, although participation rates may increase, the quality of that participation may be questionable (Aist 1987). They note that intrinsic motivation is critical to the learning process, but suggest that mandatory continuing education stifles that motivation and may create a punitive, rather than positive, context for learning. Unlike voluntary education, mandatory continuing education is seen by some as requiring the use of instructional time to respond to and overcome the negativism that reluctant learners may bring to the experience. And other concerns aside, a number of adult educators and others question the ethical dimension of requiring adults to return to the classroom or its modern day equivalent (Collins 1991).

Lack of Evidence

Many mandatory continuing education critics anchor their concerns in the lack of conclusive evidence that educational participation, whether mandated or not, results in improved

professional practice. They emphasize that few if any studies have demonstrated a causal relationship between continuing education and improved performance (Collins 1991). Mere attendance at continuing education programs, which in reality is all that has been mandated, is only a measure of time spent and by itself does nothing to improve performance. No one can say with certainty that meaningful learning takes place in such situations; it can or cannot, depending on such factors as the individual's receptivity to it and the appropriateness of the educational activity to the individual's needs. Whether mandated or not, continuing education cannot automatically be assumed to address discrepancies between even a highly competent professional's current state and his or her desired state. Specific interventions and follow-up evaluations would be required to justify such a claim.

Those professionals most in need of improvement will not be reformed by mandated education (Morrison 1992), for no legislation can transform incompetent professionals into competent practitioners. Regrettably, although mandatory continuing education may have been perceived by some as a panacea for problems of consumer protection and professional reputation, in fact its curative powers remain largely undocumented.

No legislation can transform incompetent professionals into competent practitioners.

Quality and Practice Orientation

Concerns regarding the quality of mandatory continuing education have roots in questions regarding the quality of all continuing education programs, and they take two primary forms. Some people allege that general program quality often does not meet acceptable standards for breadth, depth, and accuracy of content; effective presentation; and appropriateness of the content level to the audience (Day 1980; Maple 1987; Rockhill 1983). Others are more concerned that the material covered is not selected and presented in a practice-oriented fashion that enables participants to apply it in their day-to-day practice. When continuing education is cast into a mandatory context, these cautions escalate to fears "that mass mandated education will result in inferior learning opportunities as we gear programs towards the median needs of 'all'" (Rockhill 1983,

p. 114). Specific issues underlying these concerns include the belief that high quality education cannot be mass produced to the extent required to serve large numbers of people. Others fear that in order for continuing education to be accessible to those required to have it the costs must be kept so low that program quality will suffer further, or conversely, that costs will be so high as to make needed educational activities inaccessible to some practitioners. Still others charge that mandatory continuing education will lead providers to focus on profit-making rather than on the provision of high quality education.

Professionals' anticipated reluctance to participate in required education gives rise to questions regarding their receptivity to that education and the accompanying worry that programs will suffer as they strive to accommodate unwilling students. Those subscribing to these theories envision a downward spiral in which the quality of mandated programs, which are seen as a quick and easy response to calls for accountability, declines as emphasis on moving professionals through them increases. The result they predict is practitioners' accumulation of meaningless continuing education hours that signify nothing more than enrollment.

Availability of Education

Requiring professionals to continue their education in order to continue their practice, maintain the right to use a title, or hold themselves forth as having a specialty designation carries with it a responsibility to see that the required education is available to all who must have it. Opponents of mandatory continuing education claim that this responsibility is not uniformly and consistently met. Unfortunately, those mandating the education and those providing it frequently are not the same organizations, although some professional associations fill both functions (and in so doing raise other questions of conflict of interest). This complicating factor calls for cooperation between regulatory bodies and continuing educators to ensure not only that educational activities are available in the quantity and quality needed, but also that they are available in the formats, locations, time frames, and price ranges that make them accessible to the full range of practitioners they are designed to serve. "Mandatory

continuing education [that takes] the consumer heat off the profession while the professionals take the costs of their compulsory classes off their income taxes and enjoy their favorite leisure-time activities in the surroundings of a posh educational facility" (Carlson 1980, p. 13) does not meet the criterion of being accessible to all who might need it.

In making these arguments, adult educators and others speaking against mandatory continuing education caution that it may represent the path of least resistance. Outspoken critic John Ohliger (1981) claimed, "State licensure boards prefer it because such a system is often more readily installed and less expensive than possible alternatives" (p. 7). Others have suggested that licensure or certification should be "based on competence rather than on completion of specialized education" (Hodapp 1988, p. 372). Some opponents take a more dramatic tack, claiming that mandatory continuing education is somehow undemocratic and out of place in a free society (Carlson 1980). They suggest that if continuing education were desirable, enforced participation would not be necessary, and observe that the hopes that mandatory continuing education would result in improved competence and greater consumer satisfaction have not been realized (Stross and Harlan 1987).

Problems Inherent in Continuing Professional Education

Continuing professional education is the most readily available vehicle for enabling practitioners to maintain and increase their competence and hence promote, if not ensure, public protection. Yet it is far from a perfect solution. A wide range of educational providers includes higher education institutions, professional schools, professional associations, employers, and independent entrepreneurs, all claiming their unique place in the constellation of those empowered to help practitioners remain competent (Azzaretto 1990). In the meantime, these groups and the government and professional groups that would regulate professional practice cannot agree on what professional practitioners need to know, at what level, to remain competent. They do not subscribe to uniform standards defining acceptable types, amounts, or quality of education. And no one has answered the question of who will pay for continuing professional education.

Can practitioners reasonably be expected to assume financial responsibility for their own education, or do employers have a responsibility to fund continuing education, particularly that which is mandated? The financial implications can be substantial, and especially troublesome for individuals, small organizations, and solo practitioners.

In addition to these overarching questions, a host of problems are associated with reliance on continuing professional education, whether or not it is mandated, to address accountability and competence issues. The importance of these problems far exceeds that of the debate over mandatory continuing education for those who are truly concerned with the use of continuing education to address discrepancies between actual and desired professional practice. The expectation that competence can be ensured by enrollment in one or more educational activities clearly is a gross oversimplification (Rubino 1992), just as it is fallacious to assume that because large numbers of practitioners choose to participate in continuing professional education they are endorsing it as a cure for incompetence (Phillips 1987). Although it is quite tempting to be seduced by the notion that continuing education is the answer to rehabilitating incompetent practitioners, keeping competent practitioners competent, and protecting society from all of them (Brockett 1992), several problems must be addressed before this hope can become a reality. Among them are—

- *The question of outcome*
- *Setting standards*
- *Identifying educational needs*
- *Relating education to learning*

The Question of Outcome

An individual's performance as a professional practitioner develops over time and changes in a similarly slow fashion. Both transformations are the results of numerous variables that include, in addition to education, work environment, colleagues, and exposure to external influences that provide informal learning opportunities. Because of this multiplicity of potential factors, it is rare that one or even several continuing education

experiences will directly result in a demonstrable change of practice habits. Knowledge, skills, and abilities acquired through continuing professional education become part of an ongoing accumulation of information that may cause a practitioner to alter his or her practice in barely perceptible ways over time. As Caplan (1983) observed, "we may not see the outcome of any single CME activity, but its effect may appear in a different way, place or time, and connection to the original may be lost" (p. 43). For this reason, isolating the *direct* outcomes of continuing education participation is at best a challenge, and more likely an impossibility. Yet there are those who assert that if continuing education is to be mandated, its effect on competence must be demonstrable, a goal that unfortunately may be unattainable.

Isolating the *direct* outcomes of continuing education participation is at best a challenge, and more likely an impossibility.

In any context, minor changes are more difficult to identify than substantial changes. For this reason, professionals who engage in continuing education to address only small discrepancies between their current competent state and a level of greater excellence are not very likely to demonstrate observable changes as an immediate result of that education. On the other hand, practitioners whose competence is marginal or worse, the laggards within their professions, may demonstrate substantial changes as the result of even a minimal amount of continuing education (Phillips 1987). In a related vein, it may be more feasible to measure changes accruing to participation in continuing professional education over extended time periods (e.g., at least 5 years) than to attempt to identify more immediate changes that could result from short-term participation. However, the problems of ascertaining that the changes result from the education rather than from other factors (not the least of which may be the individual's propensity for change) remain.

For those seeking to document continuing education's effectiveness in altering practice, be it to correct deficiencies or enhance competence, research on the topic is a disappointment. The literature provides little such documentation, suggesting at best that continuing professional education may have a minimal or small impact on practice (Stross and Harlan 1987). What researchers have accomplished is to outline the variables, discussed here, that need to be addressed if continuing education is to have a chance of affecting performance. Their work highlights the danger of assuming the complacent position that continuing education will solve the accountability problem; such a position only adds to the problem by masking it.

It has been suggested that, "instead of expending time and resources on the establishment of MCE participation requirements, we should be directing our efforts towards mandating effective performance" (Brockett 1992, p. 91). That it would be any more palatable or feasible to implement the potentially invasive watchdog system that would be necessary to ensure effective performance is doubtful. A preferable alternative might be to focus on alleviating the problems associated with continuing professional education as a tool for improving professional practice. If the education delivered supersedes these problems and overall performance improves, is it necessary to know to what extent the education caused the improvement and to what extent other factors were responsible?

Setting Standards

Within the realm of mandatory continuing education, those mandating the education commonly set some standards and corresponding criteria by which to evaluate the acceptability of educational activities in meeting established requirements. Procedures for approving or accrediting educational activities vary so widely that it is impossible to characterize them. Practitioners of some professions must participate in educational activities falling in specific categories defined either by topic (e.g., auditing and taxes for accountants) or type of activity (e.g., lectures or journal reading for physicians). In some cases providers are accredited, in other cases it is the individual activities that must be approved. All too frequently, criteria focus on a quantitative process for selecting educational activities that virtually ignores the quality of the activity's potential for meeting practitioners' learning needs. Quantitative, process-oriented criteria can be convenient to set up, implement, and monitor, but they may indeed be vulnerable to criticism that they "suffer frequently from tendencies to promote uniformity more than quality, to be more concerned with budgets than with people" (Ohliger 1981, p. 26), and that they sacrifice true educational standards. They may institute a conveniently documented set of measures at the expense of educational creativity and innovation.

In fact standards are critical to all education, and continuing education is no exception. Whether the continuing professional education is to be offered for mandatory or voluntary participation, it should be designed and developed according to a process that integrates standards for *content*, *teaching strategies*, and *delivery modes*. Effective content selection incorporates both an understanding of current issues in the profession to be addressed and consideration of potential participants' practice-oriented learning needs. Teaching strategies should incorporate adult learning principles and facilitate acquisition not only of knowledge, but of skills and abilities as well; information is of little value to professionals if they are not able to integrate it into their practice patterns. Optimum forms of delivery are chosen to use the most effective forum for providing the chosen content to participants in a manner that is accessible to them.

Standards delineating expectations for each of these aspects of a continuing education program can have a major impact on the quality of education offered. Standards that are sufficiently high to force thoughtful program development can encourage elevation of the quality of continuing education across professions, heightening the likelihood that participation in educational activities will contribute to the maintenance and enhancement of practitioner competence. By allowing for emphasis on quality rather than on rigid adherence to quantitative guidelines, such standards will encourage providers to try new and creative approaches to educating professionals. They also may discourage those would-be providers who are seeking simple, lucrative solutions to the complex challenge of providing meaningful, practice-oriented continuing professional education.

Identifying Professionals' Education Needs

Continuing education can be interesting or entertaining, an opportunity to socialize or to hear an admired speaker, but if it does not address participants' needs it most likely is a waste of resources. The success of any educational activity, mandated or not, will be short lived if it does not deliver some benefit to the participants. When an individual enrolls in a program or a legislature, professional association, or employer requests or requires specific education, they do so with the expectation that

the education will have relevance to the needs of the professional practitioner. It is the continuing educator's job to find out what those expectations and the corresponding needs are. Offering an existing program or one that a faculty member is eager to teach is far easier than developing one based on a study of the professionals who are expected to participate in it (Nowlen 1990b), but most of the time it also is far less effective.

A first step in determining needs can be to identify new knowledge within the profession to be served. Although this is a valid beginning, it is important to recognize that "being up to date is, after all, only one aspect of the relationship of knowledge and skill to competence" (Nowlen 1990a, p. 19). Often it is the tasks professionals perform most regularly, which in no way rely on new information, in which they have are found to have educational needs (Office of Continuing Professional Education 1985). Some information previously mastered may have been forgotten because of lack of use, and other material assumed to have been included in prior education may not have been learned. Interpersonal and communications skills, translation of knowledge into practice, and interprofessional collaboration are examples of more generic areas in which needs are also regularly identified.

Needs assessment is a decision-making tool that uses questions, interviews, observations, and other measures to identify the educational needs of targeted populations. It is not a punitive measure, but a diagnostic one. When employed as an integral part of the educational program development process, it enables continuing educators to make data-based decisions regarding the program content, design, and delivery that will be most relevant to the practice of the professionals they wish to serve. Its use is not limited to identifying areas of incompetence, although that is a valid application; needs assessment frequently is used to identify gaps in practitioners' knowledge, skills, and abilities that define differences between levels of excellence. Needs assessment need not be complex to be effective. For example, the Preliminary Assessment Survey for health professionals developed by Shore (1994) offers a straightforward instrument that can be used to develop needs-based programs.

Assessment of professionals' educational needs does not guarantee that the resultant educational activities will add to their knowledge, skills, or abilities or that it will improve their performance. However, it does increase the likelihood that an educational program will have relevance to professional practice and eventually make a positive contribution in some manner, whether or not that contribution is readily identifiable.

True lifelong learning, in which professionals' knowledge, skills, and abilities continually are updated and refreshed, should be seen as the real goal of mandatory continuing education.

Relating Education to Learning

Mandatory continuing education often is promoted as synonymous with lifelong learning, but the two cannot be equated. Ideally, continuing education results in lifelong learning, but unfortunately an automatic cause-and-effect relationship cannot be assumed, and in fact continuing education frequently occurs with little or no corresponding lifelong learning, a sad waste of resources indeed. Lifelong learning, once recognized as a value-laden term connoting learning throughout one's professional and personal life-cycle, has been cheapened by its repeated use to refer to activities and experiences that may be quite devoid of any real learning (Collins 1991). Although the words have become a trite, trivialized expression, the concept remains an important one. True lifelong learning, in which professionals' knowledge, skills, and abilities continually are updated and refreshed, should be seen as the real goal of mandatory continuing education.

The fact is that continuing education can be made available and it can be mandated, but no one can guarantee that it will result in learning. Even determining what, if any, learning has occurred as a result of participation in an educational activity is subjective at best, for quantifiable data do little more than attach numerical values to subjective factors (Caplan 1983). Assumptions that education routinely can be equated with learning are dangerous because they foster an unwarranted sense of complacency, and in reality they are invalid. From kindergarten through postgraduate courses, it is entirely possible to obtain an education in the formal sense (e.g., meet completion requirements, earn a degree, receive credits) without learning. As a desired result of education, learning cannot be ensured, but it can be supported and encouraged. It can occur serendipitously

and often does, particularly in informal contexts. However, those mandating or providing continuing education have an obligation to take whatever steps are necessary to increase the likelihood that education will result in participant learning.

Some continuing education activities fail as learning experiences because of poor design, development, or delivery. Others fall short of their goals because individual participants are not receptive to learning or are not adequately prepared to process the material that is presented in a manner that results in learning. Despite these potential pitfalls, conventional wisdom dictates that in most cases some learning does take place. This general acceptance of the potential for continuing education to provide learning throughout one's professional career carries with it implications for the individual practitioner's commitment to the role of lifelong learner, a role for which most professionals are ill prepared.

There are those who contend that some form of continuing professional education is a recognized part of professional life and that newly minted professionals are entering practice prepared to accept ongoing education and seek lifelong learning as an extension of their preprofessional preparation (LeGrand 1992). Others claim that little or nothing encountered in their preservice education or initial credentialling relates to the continuing education in which they are expected to participate (Rubino 1992), let alone the learning they are to acquire. The truth for professions as a whole probably lies somewhere in the middle, with small numbers of professions falling squarely in one category or the other.

Regardless of their orientation toward continuing professional education, most practitioners recognize that it has the potential to enable them to acquire the learning needed to remain competent throughout their careers, and some suggest that mandated education compels them to do so. The relationship between their education and learning is not a short-term one, but rather one that develops over time. Their continuing education, if it is to result in learning, must be viewed as an ongoing process guided by a plan, or curriculum; viewed in the context of their individual professional (and, some would add, personal) patterns, and directed toward pursuit of lifelong improvement.

If professionals are to function effectively as lifelong learners, they must be imbued with the desirability of ongoing learning from the earliest stages of their preprofessional preparation, as well as given the skills with which to pursue it. If this is to be the case with some degree of consistency, professionals need preparation not only as consumers of education, as suggested earlier, but also specifically for their roles as lifelong learners. They should expect to take responsibility for their own learning, and as self-directed learners to—

- pursue independently learning external to, as well as within, formal structures
- organize their learning into a coherent whole, or curriculum, rather than randomly selecting discrete, isolated educational activities
- demonstrate personal self-direction
- exhibit self-direction in their learning

(Candy 1991)

As self-directed learners, professional practitioners can anticipate accepting increasing amounts of responsibility for their learning as they move through their careers.

Those who advocate use of continuing education to maintain and enhance professional competence presumably are counting on the fact that continuing learning does result from participation in educational activities. Yet, if mandated continuing education is a manifestation of regulatory groups' standards for specified practicing professionals (LeGrand 1992), where are the standards to guide those professionals in making intelligent choices about education that will lead to learning?

The Role of CPE in Maintaining and Enhancing Competence

Despite the problems inherent in reliance on continuing education as a means of promoting competence, there is a strong sense that those debating the value of mandatory continuing education have fought the good fight. For many professions, and many state legislatures and regulatory bodies, the question no longer is whether or not to support mandatory continuing education, but rather how to make the continuing education that is mandated most effective (Collins 1991).

If the problem that mandatory continuing education is intended to solve is one of ensuring practitioner competence, proof of time spent in program participation will not suffice as an honest solution. However, if one approaches the issue from the perspective that continuing professional education can be a factor, and perhaps a major one, in maintaining and enhancing competence, it becomes apparent that continuing educators can pursue a variety of initiatives to maximize this opportunity. Perhaps it is because of this perceived opportunity that the mandatory continuing education debate has generated considerable interest among continuing professional education providers. Questions have been raised regarding the appropriateness of continuing educators' involvement in the debate, with some people suggesting that the matter should be placed instead in the hands of the affected professions (Brockett 1992), but this influence has not been sufficient to remove educators from the fray. Their most significant contributions to the discussion may revolve around their role in elevating the perceived value of continuing professional education beyond that of hours to be counted toward fulfillment of a requirement.

Relationship to Institutional or Organizational Mission

Questions concerning the congruence of continuing professional education with the mission of the organizations in which providers of this education are based arise in several contexts. Although some providers, particularly independent entrepreneurs, operate in relative isolation, most continuing education units are part of larger organizations—higher education institutions, professional associations, or businesses, industries, or institutions that employ professional practitioners. Clarification of the compatibility of continuing education with the overall mission of the parent organization can be important in building the support necessary to provide *high quality* continuing professional education.

Within higher education alone one finds a wide variation in missions, from the land-grant universities dedicated to fulfilling a broad range of educational purposes to the community colleges focused on serving more local audiences with a narrower range of offerings. The missions of small liberal arts colleges and large research universities differ substantially. Yet within most of these institutions is a niche for delivering high quality education to practicing professionals. The research university may wish to bring the most up-to-date knowledge directly to those who can use it, and another institution may be intent upon keeping its graduates competent by serving as their lifelong educational home.

Some professional associations include the professional development of their members within the scope of their mission, and others incorporate continuing education under the umbrella of service to members. Still another large group of professional associations consider provision of continuing professional education to be outside of their mission, often seeing a conflict between that activity and their credentialling of practitioners, of educational programs and/or providers, or both.

Employing organizations are similarly diverse in the incorporation of continuing professional education in their missions. Many large organizations and institutions have fairly large education divisions designed to address the needs of employees at all levels; a few have even established their own colleges.

Other employers only grudgingly adopt the role of education providers, usually when they cannot identify a higher education institution that can or will provide the instruction they are seeking.

A cautionary viewpoint is sometimes expressed by professional associations and employers, who have been known to suggest that accepting the rationale that continuing educators' guiding principle is to further institutional missions "is to foreclose on the concerns of organizations and professional groups for generating, operating, and supporting educational endeavors for employees and constituents" (Jahns, Urbano, and Urbano 1986, p. 1). Yet it seems clear that without compatibility with the mission of the institution or organization in which it is based, continuing professional education will not have the depth and breadth of support that is needed for it to achieve its potential.

Continuing Professional Education as Part of the Lifelong Learning Continuum

At one time people prepared for a lifetime of professional practice by apprenticing themselves to experienced practitioners. Later professional school was deemed the appropriate preparation for a professional career. For some time professionals, employers, and the public at large were comfortable with the assumption that preprofessional education, or professional school, provided satisfactory preparation for an entire career. However, questioning of this assumption began in the late 1950s and continuing education was introduced as a serious possibility for supporting professionals throughout their years of practice (Nowlen 1990a). The 1962 development of a plan for lifelong physician education led people across professions to challenge further the assumption that preprofessional education was adequate for a lifetime of practice (Cervero, Azzaretto, and Tallman 1990) and to take a serious look at the need for ongoing education.

In the early 1970s educators, employers, legislators, and professionals themselves began agreeing that preprofessional education no longer could be expected to prepare individuals to be competent practitioners throughout their working lives (Morrison 1992). Since that time, opponents and proponents of mandatory

continuing education, continuing educators and professionals alike have come to realize that if continuing professional education is to be an integral part of professional practitioners' careers, it must have its roots in preprofessional education (Azzaretto 1990). Education for entry into practice can and should be expected to provide the foundation for practice, with continuing professional education building on that foundation to address discrepancies between practitioners' existing and desired states.

Whereas at one point it was only practitioners of the more traditional professions, such as medicine, who were thought to need continuing education, it became clear that this need was reflected across occupations. New information and technology were found to threaten competence in all disciplines and fields of practice, and obsolescence came to be seen as a widespread threat. Preprofessional education could serve as the "first step on an educational path spread over a lifespan" (Morrison 1992, p. 146), providing grounding in subject matter areas and fostering learning, thinking, and study skills, but these teachings would require lifelong enhancement and support from continuing education.

One result of this thinking was that graduates of preprofessional programs in a number of fields found themselves entering the work force with preparation that differed significantly from that of colleagues who had been in practice even for only relatively short time periods. In many professions they were graduates of programs that no longer struggled to prepare students for a lifetime of practice, but rather recognized that preparatory education has a finite time limitation, due in large part to the rapidly growing body of knowledge (Maple 1987). Professionals beginning their careers in some fields, such as education and nursing, were doing so with the full realization that their education would have to be updated regularly if they were to be competent and effective practitioners over time. They knew that their preprofessional education was but the first step in a series of educational experiences.

Slower in coming has been assistance to help professionals extend their education beyond that first step. Although some educators and professionals believe that preprofessional programs should do all that is necessary to teach their participants

to pursue the education they will need, others argue that higher education institutions, employers, and/or professional associations have a responsibility to provide ongoing learning support services beyond the preprofessional program to help practitioners develop continuing education plans and select appropriate educational activities. Educational counseling, needs assessment measures, and continuing education curricula are among the support services that have been suggested. These services have been very slow to materialize, perhaps because they are not without substantial costs.

Continuing education, however planned and selected, should represent an uninterrupted continuation of the education begun by preprofessional preparation.

Such services are not universally favored. Particularly those who oppose mandatory continuing education contend that professionals must accept full responsibility for their own competence, and hence their own learning beyond that necessary for entry into practice (Caplan 1983). These people argue that adult education principles dictate that professionals be considered independent, mature, and capable of making wise educational decisions without interference from those who would continue to direct, as well as provide, their education. If practitioners can exercise autonomy as professionals, the logic states, they can be responsible for obtaining the continuing education that is necessary to maintain their competent performance. To encourage them to do otherwise "is not logical, feasible, or acceptable without rejecting the bedrock principle of adult education or the spirit of freedom that otherwise governs American society "(Caplan 1983, p. 46).

Regardless of what or how much support professionals have available to them, there has been a growing acceptance of the belief that their continuing education, however planned and selected, should represent an uninterrupted continuation of the education begun by their preprofessional preparation. The ideal would be a curriculum for lifelong professional education, from entry into a profession to retirement—and perhaps beyond.

Implications of Mandatory Continuing Education for Continuing Educators

Perhaps it is understandable that opponents of mandatory continuing education have questioned the altruism of adult and continuing educators' support of the concept. Do educators support

mandatory continuing education because they truly believe that it will enhance practitioner competence and protection of the public's interests, the doubters ask, or do visions of expanded opportunities and increased revenue guide their thinking? Although an unkind question, it can be perceived as a valid concern.

Certainly one logical expectation is that mandatory continuing education will lead to expanded demand for educational activities. This increase can in turn be expected to generate growth within adult and continuing education departments and increased revenue to their organizations (Brockett 1992). Some have imagined "the creation of a huge industry that satisfied the demands arising from extending compulsory education beyond the school walls and into the workplace" (Morrison 1992, p. 146). Such expansion can be a benefit rather than a negative factor, particularly if it results in high quality efforts to meet educational needs. Some mandatory continuing education detractors have seen it as a motivating force behind the mandatory continuing education movement, however, rather than as a positive byproduct of the implementation of educational requirements. Wrote one, "Every time I tackle this issue I feel I am confronting the moneychangers at the temple. Realistically speaking, I don't know if there is anything we can do to turn back the movement that Milton Stern has so aptly labelled 'the Gold Rush of '76'" (Rockhill 1980, p. 21).

The fear that a captive audience would bring eager droves of entrepreneurs into the continuing education marketplace to provide marginal or poor programs has proven largely unfounded. It is true that as mandatory continuing education has been adopted by or for specific professions, the number of providers often has grown and the profile of providers has changed somewhat. This expansion has offered practitioners a larger number of continuing education options from which to choose. However, in most cases it has not taken long for professionals and the organizations accrediting their continuing education activities to recognize the charlatans and put them out of business. Although hastily prepared, highly marketed activities of questionable quality may draw some initial attention, their popularity and even survival generally have been short lived.

Conscientious continuing educators have known, or have quickly discovered, that the provision of high quality continuing education is not a high-profit business. Any institution or organization that approaches continuing education with the idea that it is going to be an easy panacea for empty classrooms or a source of quick and sizable revenue will be sorely disappointed. High quality continuing education requires more than just the transmission of knowledge to professionals; it needs to be linked to the actual context in which the professionals work. Relating education to practice demands a considerable investment in an array of needs assessments instruments to identify systematically the variety of deficiencies that could exist within a single profession and it requires a high level of program development expertise to address these practice deficiencies and to integrate new knowledge into professionals' practice (Queeney and Smutz 1990). Providers of continuing education soon realize that this investment in needs assessment and program development requires allocating considerable amounts of human and monetary resources.

It appears that in many professions introduction of mandatory continuing education has not substantially increased the participation rates of practitioners or, consequently, generated a significantly increased demand for continuing professional education activities. The findings of a study of nurses, in which over half of those surveyed indicated that their participation in continuing education remained the same when regulations requiring continuing education took effect (Cannon and Waters 1993), are not atypical. Other studies of nurses (DeHaven 1990; Faulkenberry 1986; O'Connor 1979, 1982) yielded similar findings. A study of counselors showed that the participation rates of those required to participate in continuing education to retain certification were not measurably higher than those of their peers who did not face a continuing education requirement (Queeney, Smutz, and Shuman 1990). Other studies, such as one of accountants ("Does Continuing Professional Education Enhance Competency Assurance?" 1994) do reveal significantly increased participation, but they appear to be in the minority.

In many professions introduction of mandatory continuing education has not substantially increased the participation rates of practitioners or generated a significantly increased demand for continuing professional education activities.

How Providers Can Make a Difference

Continuing professional education has the potential to provide effective learning experiences (Cervero 1985), and mandatory continuing education apparently is destined to ensure that it has the opportunity to do so in at least some professions, in some states (see Appendix A). Given this reality, it is time for adult and continuing educators across practice settings to move beyond the mandatory continuing education debate and rise to the challenge of providing practice-oriented continuing professional education of the highest quality (LeGrand 1992). The degree to which mandatory continuing education can meet the expectations on which it has been promoted depends largely on the extent to which continuing education is able to link educational activities to professional practice, to provide knowledge, skills, and abilities that practitioners can carry into their daily operations. Only by providing such education will continuing educators be able respond in any manner to the very concerns that led to mandatory continuing education, those of public protection and professional accountability.

It is time for adult and continuing educators to move beyond the mandatory continuing education debate and rise to the challenge of providing practice-oriented continuing professional education of the highest quality.

Although continuing professional education has been a recognized concept for several decades, it is an underdeveloped field (Stross and Harlan 1987). Further identification and incorporation of the factors that contribute to continuing education program effectiveness are needed to further its growth. Clearer definition of the specific educational needs that activities are intended to address, coupled with establishment of program goals, can provide essential guidance throughout the program development, delivery, and evaluation process, and contribute to an understanding of what defines program success. Support can be provided to assist professionals in making decisions regarding their continuing education and in becoming self-directed learners. Meeting these challenges is critical to the validation of mandatory continuing education as a worthwhile endeavor.

Yet limitations do exist. Continuing education cannot solve all problems, and it is important to avoid unrealistic expectations of what it can do. Neither mandatory continuing education nor continuing education programs themselves should become the scapegoat for goals and expectations that cannot be met (Caplan 1983). Although continuing educators have sufficient expertise in program design, development, delivery, and promotion to provide activities of high quality to audiences they can reach, they are not miracle workers.

Particularly with the rapid growth in knowledge and in the technology that is available to deliver it, it has become increasingly difficult for individual continuing education units to provide the breadth and depth of programming necessary to meet the needs of a profession. Higher education institutions, professional associations, employers, and other providers are finding it ever more necessary to join together, pooling their expertise and resources in order to provide the range of continuing professional education that is necessary. One provider may have the most up-to-date knowledge, for example, whereas another may have the technology necessary to deliver that knowledge to far-flung participants. Some providers will have content and faculty strength in specific areas within a discipline, but rely on other providers to offer programming in related areas. For example, professional schools and professional associations may be best prepared to provide activities that address specialized knowledge, skills, and abilities that are unique to a field; higher education institutions may be in the best position to offer programming in other disciplines such as communication skills and management; and employers can be expected to focus on content that is directly related to current job responsibilities. No one provider can or should be expected to assume responsibility for responding to the total need for services generated by mandatory continuing education (Jahns, Urbano, and Urbano 1986).

Developing and Delivering Practice-Oriented Continuing Professional Education

Like mandatory continuing education, all of continuing professional education is, or at least should be, driven by desires to disseminate new information, improve and enhance professional

performance, contribute to the safety of professional practice, and increase professions' public accountability (Maple 1987). Although one would like to believe that all continuing education addresses these goals, in reality the quality of continuing professional education activities is quite variable. In order to raise the overall level of quality, continuing educators need to convert their reactions to mandatory continuing education as a violation of adult education principles into actions designed to integrate those same principles into the design, development, and delivery of activities that address the needs of the professionals they aspire to serve.

A first step toward instituting meaningful mandatory continuing education involves ensuring that the overarching structure for mandatory continuing education is appropriate. This issue is best addressed, and criteria most satisfactorily established, by continuing educators in collaboration with those organizations that mandate the education they provide, usually professional associations and legislatures. The cooperation of these parties allays the fears of professional associations, (such as a loss of control), and allows legislatures to adapt mandatory continuing education procedures to an organizational structure they deem acceptable (Fisher and Pankowski 1992). Together these groups might ask questions similar to those that follow:

- For what professions and under what conditions is mandatory continuing education reasonable?
- What systems are needed to implement mandatory continuing education and to document and record individuals' participation?
- What standards should be used to govern the mandatory continuing education process and to accredit educational providers and activities?
- What kinds of continuing educators are required to provide the range of educational activities that are needed? Are some providers inappropriate participants in the mandatory continuing education arena?

- What teaching strategies, formats, and delivery systems can be used to engage practitioners in the learning process and assist them in relating program content to their professional practice?

- What mandatory continuing education outcomes reasonably can be expected? How can they be achieved, and how can they be measured?

- What steps are necessary to provide equal access to continuing professional education, so that all practitioners, regardless of location and scheduling constraints, can obtain the education they need?

- Who is to pay for mandated continuing professional education?

Implicit in mandatory continuing education should be the expectation that educational activities will be designed for self-directed learners, to help them optimize their own professional performance.

Documentation of the outcomes of mandatory continuing education is an issue that will continue to plague both the regulators and the providers of continuing education. As discussed earlier, attributing changes in practice to continuing education activities is questionable at best. Although continuing education may be a factor in improving performance, it is difficult, if not impossible, to separate the effects of continuing education participation from those of other factors that influence practice. Yet people will keep trying to establish causal relationships, and indeed some changes, such as improved knowledge, can be measured. Dowling's (1985) report that some studies have revealed knowledge changes but not changes in performance as a result of continuing education participation describes what appear to be realistic and believable findings. Her additional statement that "others demonstrate performance improvements in accordance with program goals either through performing skills exactly as learned or with modifications thereof" (p. 1), although an objective reporting of others' data, raises questions as to the veracity and reliability of such data.

Even if one were able to document that some continuing professional education activities produce changes in practice and others do not, it is not clear that the right question has been answered. For continuing educators, the more important question is one of why some activities are more effective than others, why some continuing education appears to have at least a degree of impact on practice and others does not (Cervero 1985). What are the factors that raise continuing professional education beyond the pedestrian to the point of making some contribution to participants' overall base of knowledge, skills, and abilities? It is these factors that define quality in continuing professional education. Without them, mandatory continuing education is little more than a measure of compliance with regulations. These factors include—

- *Participant readiness*
- *Relevance to practice*
- *Appropriateness of presentation*
- *Relevance to professionals' educational needs*

Participant Readiness to Learn

Many of the issues discussed earlier, such as professionals' preparation as consumers of education and as self-directed learners, contribute to continuing education participants' readiness to learn. Motivation is another key to readiness. The professional who is motivated by an earnest desire to provide better service, an interest in streamlining certain tasks, or any other practice-related objective will bring an enthusiasm and an eagerness to the educational activity, and he or she will be ready to learn. Ideally, this type of motivation is generated from within, but it can be spurred by thoughtful actions on the part of a professional association, an employer, or peers. Through careful statement of program objectives, the continuing educator also can create expectations that will motivate participants. Yet another determinant of readiness is the extent to which practitioners have had previous good continuing education experiences. Professionals are likely to be more receptive to new

information if they have found past activities worthwhile in leading them to reflect on their practice and perhaps initiate some type of change (Nona, Kenny, and Johnson 1988).

Relevance to Practice

It is not enough for a continuing education activity to introduce new research findings, for example, or to demonstrate a particular technique. Any information presented in a continuing professional education program will be useful to practitioners only if they recognize its relevance to their current operating patterns and are able to identify ways of integrating it into practice. If steps are not taken to relate continuing education to practice, program participants may not, or may not know how to, transfer what they have been taught into their day-to-day operations. The importance of relating educational content to the work setting is a good reason for practitioners' and employers' involvement in the program development process, for their perspective on daily practice can help the continuing educator ensure that what is taught can in fact be used in the practice setting. Without this type of collaboration, continuing educators risk frustrating participants by presenting potentially valuable information that they cannot use. In one such case, for example, a seminar for nurses on ways of documenting patient assessments had considerable appeal to those present but they could not use it because it ran counter to hospital procedures ("Report of the Practice Audit Session for Gerontological Nursing" 1984).

Appropriateness of Presentation

The way in which educational material is presented can be the determining factor in whether or not it is learned. It is incumbent on continuing educators and faculty members to design and deliver education in ways that promote participants' learning. Certainly one aspect of this factor is application of adult education principles, as discussed earlier. Any educational activity must capture audience interest and attention if it is to result in learning, and when adults comprise the audience, their involvement in the activity is important. A lively presentation that includes examples of application of the material presented is

helpful. A second aspect of this factor is the delivery mode selected. Some types of program content lend themselves to particular types of delivery. Simple dissemination of information often can be delivered by use of print materials or audiotapes, for example, but if skills are to be taught, it is highly likely that the program should be structured to give participants an opportunity to try those skills. A workshop format may be the optimum choice, limited enrollment may be necessary to facilitate ample time for participants to practice the skills, and special teaching methods may be required to demonstrate the skills adequately. Similarly, certain delivery modes are appropriate to specific audiences. For example, for professions in which a large proportion of practitioners are solo practitioners (e.g., architecture) it may be quite difficult to schedule time away from practice, so various forms of distance education, such as videotapes and self-study modules, may be preferred.

Relevance to Professionals' Needs

Perhaps the most important factor in relating continuing professional education to practice is basing it on the educational needs of the professional practitioners it is intended to serve. These needs may be related to competence, or they may reflect competent professionals' desires to move to higher performance levels. In either case, some assessment of the discrepancies between the potential audience's current practice and their desired proficiencies is essential in order for the continuing educator to design, develop, and deliver a program that has the potential to live up to the expectations driving mandated education. Needs assessment need not be sophisticated or extensive, for useful data can be generated by even the simplest of needs assessments if they are conducted with care and thoroughness.

Pragmatic Considerations for the Continuing Educator

In striving to respond to mandatory continuing education in meaningful ways, the continuing educator may find it helpful to include each of the broad steps that follow in the program development process. Attention to each of these steps can ensure that the factors described earlier are considered, and give

structure to the program development process. The steps include—

- *Identification of the target audience*
- *Assessment of the educational needs of members of that audience*
- *Statement of program goals and objectives*
- *Identification of appropriate program content*
- *Selection of delivery modes*
- *Selection of instructional methods*
- *Program evaluation*

Identification of the Target Audience

Most often a target audience is selected because it has been identified as a group the continuing educator wants to serve. Sometimes, however, a continuing educator's primary purpose in developing an educational activity may be to showcase an outstanding faculty member or highlight recent research results. Either approach is quite valid, and the same criteria for selecting a target audience are applicable to both. The continuing educator should have ready access to the faculty members, content, and delivery modes required to provide the audience with education that participants can use in their daily practice. Ideally, a target audience is large enough to contain within it the critical mass of potential enrollees needed to make a continuing education offering viable. At the same time, the target audience should be sufficiently narrow that it is reasonably homogeneous in terms of knowledge, skills, abilities, prior education and training, and experience in order to permit definition of a level of instruction that will be neither too basic nor too advanced for any participants. A target audience can be local, regional, national, or international. It can be defined as members of a specific professional group or specialty area, or employees within an organization or institution. Identifying the audience is the first step in developing an educational activity, for a high quality continuing education program is tailored to the participants.

Assessment of Educational Needs

Identification of the educational needs, or discrepancies between the current and desired states, of the target audience is essential to development of an activity that will be appropriate to members' career stages and practice situations. Either group or individual needs can be assessed. Group assessment is more common, since it facilitates program planning and often is perceived as easier to accomplish than individual assessment. If an individualized assessment is conducted, the data can be aggregated to provide group data that can inform program planning. The needs assessment for any single program must be quite focused, since one activity can address only a limited amount of material. If a number of needs are identified in a broader assessment, a small number of needs may be selected for one activity, and the others set aside for future consideration. Needs assessment also can incorporate determination of participants' learning styles and scheduling preferences.

Needs assessment does not have to be costly or sophisticated to yield useful information. Valuable data can be obtained from the simplest of needs assessments if they are well planned and executed. Because needs assessment requires the cooperation of the population or a sample of practitioners to be considered, it often is done by an educational provider in conjunction with a professional association, employer, or other group that has ready access to practitioners.

Statement of Program Goals and Objectives

Once the needs to be addressed have been identified, it is possible to define the goals and objectives of the educational activity to be developed. What does the continuing educator expect the program to accomplish? For example, will participants become familiar with new information, acquire an understanding of specified concepts, develop specific skills, or gain the ability to perform certain tasks? Broad goals and the objectives that support them give all involved a clear sense of the purpose of the activity. When clarified early, they can assist potential enrollees in determining whether or not a specific activity will be of use or interest to them, and help those who

do enroll focus their expectations. Goals and objectives should be stated in measurable terms, so that the continuing educator can obtain an objective assessment of the extent to which they were met.

Identification of Program Content

Identification of program content involves selecting the topics to be covered. Quite frequently this is a narrowing-down process, since the tendency usually is to include more material than reasonably can be covered in the time allotted. The content is chosen to be compatible with participants' educational needs and to foster realization of the program goals and objectives. In selecting program content, the collaboration of those who develop knowledge (most often faculty members) and those responsible for its application in professional practice (practitioners themselves, or their employers) can facilitate correct choices of up-to-date, relevant material.

Selection of Delivery Modes

As stated earlier, a delivery mode should be appropriate to both the program audience and content. Other factors governing a continuing educators' choice of delivery mode will be costs, accessibility, and available expertise. For example, if interactive video is the most desirable way of delivering a particular program but the cost is prohibitive, the continuing educator's institution does not have the necessary technology, or the technical and/or educational expertise to use interactive video is not available, it will not be a practical choice. As technology expands, many educational providers are finding it helpful to collaborate, bringing together organizations or institutions that have the content and faculty expertise with those that have the technical equipment.

Selection of Instructional Methods

Regardless of the delivery mode selected, a number of options are available for presenting the material. Involvement of participants is highly desirable, for as adult learners professionals

have a good deal of experience and expertise to share. Small group discussions, cooperative learning, and use of case studies, simulations, and role playing are ways of supplementing lectures and enlivening programs. Examples and demonstrations of specific applications to practice help participants identify ways in which they can transfer what they are learning to their own work settings.

Program Evaluation

An evaluation of the educational accomplishments of a program is based on the goals and objectives that were established. This evaluation can be conducted immediately at the conclusion of the program or activity, or it can be conducted 3-6 months later, as a follow-up evaluation. Follow-up evaluation has the advantage of putting the experience in perspective, allowing participants time to adapt what they have learned to their work. Disadvantages of follow-up assessment include participants' tendency to forget the educational experience over time and the difficulty of obtaining a good response rate when one no longer has a captive audience. For educational activities of some duration, a formative evaluation can be conducted during the course of the program to identify any problem areas that can be corrected as the program continues.

Although all of this may be helpful in describing how mandatory continuing education should be developed, in reality much continuing professional education is passive in nature, with little interaction either among participants or between instructor and participants. Frequently, little if any attention is paid to the educational needs to be addressed, the ways in which program content might be integrated into practice, or any evaluation of the program beyond a so-called happiness index that seeks to measure participants' satisfaction with superficial aspects of the activity. A systematic program development process, handled by knowledgeable adult educators, can improve both the quality and relevance to practice of continuing professional education. However, it requires a commitment to excellence, to making mandatory continuing education a worthwhile endeavor. Professionals participating in activities developed in this manner not only learn, but they often gain a sense of affirmation of their

own practice (LeGrand 1992). They learn not only from the material that is presented, but from their own active participation and that of their colleagues. They have an opportunity to compare their knowledge, skills, and abilities, as well as their philosophical perspectives and perceptions, with those of other practitioners.

Conclusion

The mandatory continuing education debate is a passé issue. It is time for those on both sides of the argument to recognize that continuing education, whether mandated or not, certainly is an imperfect solution to the problems of maintaining and enhancing professional competence, but it is the best alternative available at this time. However, its provision cannot be a haphazard endeavor. It is unreasonable to expect that current educational behaviors, most often consisting of a relatively random collection of educational activities selected as isolated events, will ensure practitioner performance. All of those involved in the continuing professional education arena must realize that the programs and activities they provide have the potential to have a major, highly positive impact on practice across professions, a potential that will be realized only if they take proactive steps to raise continuing professional education beyond its current levels.

It is time for those on both sides of the argument to recognize that continuing education, whether mandated or not, certainly is an imperfect solution but it is the best alternative available at this time.

This challenge is best perceived as a call to action. It brings the opportunity for all affected parties to join forces to design, develop, and deliver practice-oriented continuing education activities of the highest quality, to strive to provide continuing professional education that, whether or not it is required, will make a difference in the professional practice of participants. In conjunction with providers of preprofessional education, these parties can and should strive to prepare professionals to be true self-directed, lifelong learners, and to provide the learning supports necessary to assist them in this endeavor.

The issues to be addressed are not simple ones, and it is not clear who is responsible for wrestling with them. Ideally, this would be a shared responsibility, with representatives of educators, regulators, employers, and practitioners coming together to contribute to the identification and implementation of solutions. Such a partnership requires leadership and coordination, and willingness on the parts of all parties to relinquish some autonomy for the common good. The issues to be confronted fall into three categories:

- Those dealing with the *character of the continuing professional education* to be provided
- Factors related to *professionals as learners*
- The problems associated with the *structure of continuing professional education*

The Character of Continuing Professional Education

Clearly, if continuing professional education is to affect practice, it must be based on identified needs. Yet *needs assessment*, although not inherently difficult or costly, is an activity with which many continuing educators do not feel comfortable. Meaningful *program evaluation*, necessary to determine the impact of any continuing education activity, can be a complex and challenging proposition. Use of appropriate *instructional and delivery methods*, including application of adult learning principles, is essential to professionals' learning but may involve teaching strategies with which many faculty members are not familiar or comfortable. Proper selection of *program content*, with consideration of the knowledge, skills, and abilities needed; the practice settings in which they are to be used; and the appropriate level at which they should be addressed for the audience, can make the difference between an activity's success and failure.

Professionals as Learners

Most professionals currently in the work force did not enter their careers with either the expectation that they would continue learning in some systematic fashion or with the tools to be wise consumers of continuing education. A number of professions have begun to address these dual problems, with the result that in some fields new practitioners are cognizant of their need to plan their education as they plan their careers. However, the problems are far from solved. Ideally, professional schools, colleges, and universities providing preprofessional education will recognize that they have a responsibility to imbue their students with not only an assumption that they will continue to

pursue education throughout their careers, but also a desire to continue learning and to take responsibility for that learning. Continuing educators and those collaborating with them can strengthen professionals' capabilities in this area by providing learning supports, such as counseling and continuing education curricula.

The Structure of Continuing Professional Education

When present, mandatory continuing education requires an organization and a structure of its own, including regulations, processes, recordkeeping procedures, and policies. Looking beyond these requirements, however, one finds questions to be answered with regard to the broader area of continuing professional education. Definition of what constitutes an appropriate provider, establishment of standards for educational activities, identification of ways of funding continuing professional education, and provision of educational programs and services to all who require them are among the major structural concerns confronting continuing professional education.

It is high time that the mandatory continuing education debate gives way to the far more productive emphasis on ensuring that continuing education is continuing learning that truly can and does contribute to improved professional practice.

The challenges are substantial, but they are not insurmountable. In some professions and some legislative areas, mandatory continuing education has become an accepted way of life, and other professions and locales are likely to follow. For continuing educators, the mandatory nature of the education they provide is not the appropriate focus, however. Rather, it is by rising above this emotionally charged issue and actively directing their efforts toward the provision of high quality continuing education that they can have a positive influence on the competence of professional practitioners. It is high time that the mandatory continuing education debate gives way to the far more productive emphasis on ensuring that continuing education is continuing learning that truly can and does contribute to improved professional practice.

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Appendix A

Status of Mandatory Continuing Education for Selected Professions

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STATUS OF MANDATORY CONTINUING EDUCATION FOR SELECTED PROFESSIONS -1994-	Architects	CPAs	Dentists	Engr (Prof)	Insurance	Lawyers	Nurses	Nur Hm Adm	Optometry	Pharmacy	Phy Therapy	Physicians	Psychology	Real Estate	Social Work	Vet Medicine
Alabama	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X
Alaska		X	X				X		X	X	X	X	X	X	X	X
Arizona		X				X		X	X	X		X	X	X	X	X
Arkansas		X	X		X	X		X	X	X	X	E	X	X	X	X
California		X	X		X	X	X	X	X	X		X	X	X		
Colorado		X			X	X			X					X		X
Connecticut		X							X	X				X		
Delaware		X	X		X	X	X	X	X	X	X	X	X	X	X	X
D.C.	E	X	X				X	X	X	X	X	E		X	E	X
Florida	E	X	X		X	X	X	X	X	X	X	X	X	X	X	X
Georgia		X	X		X	X		X	X	X	X	X	X	X	X	X
Hawaii		X							X			X		X		
Idaho		X	X		X	X		X	X	X			X	X	E	X
Illinois		X	X		X			X	X	X				X	X	X
Indiana		X	X		X	X		X	X	X			X	X	E	
Iowa	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kansas		X	X		X	X	X	X	X	X	X	X	X	X	X	X
Kentucky		X	X		X	X	X	X	X	X	X	E		X		X
Louisiana		X			X	X	X	X	X	X	X		X	X	X	X
Maine		X	X		X			X	X	X		X	X	X	X	X
Maryland		X	X		X			X	X	X	X	X	X	X		X
Massachusetts		X	X		X		X	X	X		X	X		X		
Michigan	E	X	X	E	X	S	E	X	X	X		X	E	X		
Minnesota		X	X	E	X	X	X	X	X	X	X	X	X	X	X	
Mississippi		X	X		X	X	X	X	X	X	X		X	X	X	X
Missouri		X	E		X	X		X	X	X		X		X	E	
Montana	E	X	X		X	X		X	X	X	E		X	X	X	X
Nebraska		X	X		X		X	X	X	X		E		X	X	X
Nevada		X	X		X	X	X	X	X	X	X	X	X	X	X	X
New Hampshire		X	X		X	X	X	X	X	X	S	X	X	X		X
New Jersey		X	X		X	S		X	X	X					E	
New Mexico		X	X		X	X	X	X	X	X	X	X	X	X	X	X
New York		X						X						X		
North Carolina	E	X	E		X	X		X	X	X			E	X	X	X
North Dakota		X	X		X	X		X	X	X	X		X	X	X	X
Ohio	E	X	X		X	X	X	X	X	X	X	X		X	X	X
Oklahoma		X	X	E	X	X		X	X	X			X	X	S	X
Oregon		X	X		X	X	X	X	X	X			X	X	X	X
Pennsylvania		X				X		X	X	X		S	X	X	E	X
Rhode Island		X	X		X	X			X	X		X	X	X		
South Carolina		X	X		X	X		X	X	X			X	X	X	X
South Dakota	E	X	X	E	X			X	X	X				X	X	X
Tennessee		X	X		X	X		X	X	X				X		X
Texas	E	X			X	X	X	X	X	X	X	X	E	X	X	X
Utah		X		E	X	X		X	X	X			X	X		X
Vermont		X	E	E		X			X	X			X	X		
Virginia		X			X	X		X	X	X	S			X		
Washington		X			X	X		X	X	X	X	X	X	X	E	X
West Virginia		X	E	E	X	X		X	X	X		X	X	X	X	X
Wisconsin						X		X	S			X	X	X	E	
Wyoming		X		E	X	X		X	X	X			E	X	X	

(X) required (E) enabling legislation (S) under certain circumstances
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This discussion of the controversial issue of mandatory continuing education suggests that the major sources of disagreement are the best ways to motivate professionals to learn and the challenges of providing practice-oriented education. It suggests how continuing professional education providers can make a difference in maintaining and enhancing professional competence.

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